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| PATENT APPLICATION FEE DETERMINATION RECORD<br>Substitute for Form PTO-875                                                      |                                                                                                                                                                                                                               |                                             |                  | Application or Docket Number<br>09/888,352 | Filing Date<br>06/22/2001 | <input type="checkbox"/> To be Mailed    |                        |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|--------------------------------------------|---------------------------|------------------------------------------|------------------------|
| APPLICATION AS FILED – PART I                                                                                                   |                                                                                                                                                                                                                               |                                             |                  | OTHER THAN<br>SMALL ENTITY                 |                           |                                          |                        |
| (Column 1)                                                                                                                      |                                                                                                                                                                                                                               |                                             | (Column 2)       |                                            |                           | SMALL ENTITY <input type="checkbox"/> OR |                        |
| FOR                                                                                                                             | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                                | RATE (\$)        | FEES (\$)                                  |                           | RATE (\$)                                | FEES (\$)              |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             | N/A                                                                                                                                                                                                                           | N/A                                         | N/A              |                                            |                           | N/A                                      |                        |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            | N/A                                                                                                                                                                                                                           | N/A                                         | N/A              |                                            |                           | N/A                                      |                        |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       | N/A                                                                                                                                                                                                                           | N/A                                         | N/A              |                                            |                           | N/A                                      |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(l))                                                                                                | minus 20 =                                                                                                                                                                                                                    | *                                           | X \$ =           |                                            |                           | X \$ =                                   |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          | minus 3 =                                                                                                                                                                                                                     | *                                           | X \$ =           |                                            |                           | X \$ =                                   |                        |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                  |                                            |                           |                                          |                        |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                                                                                                                                                               |                                             |                  | TOTAL                                      |                           | TOTAL                                    |                        |
| APPLICATION AS AMENDED – PART II                                                                                                |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| (Column 1)                                                                                                                      |                                                                                                                                                                                                                               |                                             |                  | OTHER THAN<br>SMALL ENTITY                 |                           |                                          |                        |
| AMENDMENT                                                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | SMALL ENTITY                               | OR                        | SMALL ENTITY                             |                        |
| 02/05/2007                                                                                                                      |                                                                                                                                                                                                                               |                                             |                  | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)    | RATE (\$)                                | ADDITIONAL<br>FEE (\$) |
| Total (37 CFR 1.16(l))                                                                                                          | * 15                                                                                                                                                                                                                          | Minus                                       | ** 47 = 0        | X \$ =                                     |                           | OR X \$ 50 =                             | 0                      |
| Independent (37 CFR 1.16(h))                                                                                                    | * 3                                                                                                                                                                                                                           | Minus                                       | ** 12 = 0        | X \$ =                                     |                           | OR X \$ 200 =                            | 0                      |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| TOTAL<br>ADD'L<br>FEE                                                                                                           |                                                                                                                                                                                                                               |                                             |                  | OR                                         | TOTAL<br>ADD'L<br>FEE     |                                          | 0                      |
| (Column 1)                                                                                                                      |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| AMENDMENT                                                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)    | RATE (\$)                                | ADDITIONAL<br>FEE (\$) |
| 06/10/07                                                                                                                        |                                                                                                                                                                                                                               |                                             |                  | X \$ =                                     |                           | X \$ =                                   |                        |
| Total (37 CFR 1.16(l))                                                                                                          | * 15                                                                                                                                                                                                                          | Minus                                       | ** 47 = —        | X \$ =                                     | —                         | X \$ =                                   | —                      |
| Independent (37 CFR 1.16(h))                                                                                                    | * 3                                                                                                                                                                                                                           | Minus                                       | ** 12 = —        | X \$ =                                     | —                         | X \$ =                                   | —                      |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| TOTAL<br>ADD'L<br>FEE                                                                                                           |                                                                                                                                                                                                                               |                                             |                  | OR                                         | TOTAL<br>ADD'L<br>FEE     |                                          | —                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                               |                                             |                  |                                            |                           |                                          |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
catherine d. smith